

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 070608 SAC

COMPLETE THIS SECTION ON DELIVERY

- | | |
|--|---------------------|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| C. Signature
X | |
| <input type="checkbox"/> Agent
<input type="checkbox"/> Addressee | |
| D. Is delivery address different from item 1?
If YES, enter delivery address below: | |
| <input type="checkbox"/> Yes
<input type="checkbox"/> No | |

Quifax Information Services, LLC
Prentice Hall Corp System
0 S. Perry St.
Montgomery, AL 36104

- Service Type
- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input checked="" type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |
- Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from serv) 7006 0100 0003 2054 6631

Quifax